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CALL THE DOCTOR

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Call the Doctor!

The Familiar Phrase Takes on New Meaning When It Comes from Distressed India

By DR. VICTOR RAMBO

A SUCCESSFULLY operated-on cataract case spreads the news in nearby villages that vision can be restored in the Christian hospital at Mungeli, India. Three men, thirty-seven miles away, start out to walk to your hospital. Of the three men's six eyes, only one eye can see. The one-eyed man takes the lead. He carries a cane over his shoulder. Rice and grain are bound in the grimy square fold of cloth tied to the cane. A six-foot bamboo rod is held with the right hand. The second man holds it tightly also with his right hand and peers, for his cataracts let him see light and certain close shadows. The third man cannot tell light from darkness. His eyes blink and turn nervously. He holds a bamboo rod in his left hand, led in turn by the second man. They each wear a loin cloth. They trudge barefooted for three days to reach your hospital and arrive tired, but with hope and joy in their faces. You, through your doctor, can save the one eye of the first man, and both eyes of the second may have the cataracts removed. The third, one of the 1,500,000 totally blind of India, will never see even the strongest lights. We tell him so.

"But you gave vision to the man from our village that came here. He told us of your work."

We are sorry we cannot do anything.

"But you are promising to give vision to these two men who have come with me. You *can* help me," he insisted.

No, we couldn't do anything. Nine-tenths of the blindness of India is preventable if taken in time. In this case it was too late. A change from hope to despair came over his face. He mingled with other patients, groping his way to one side where he started moaning:

Oh, my God, what did I do?
Oh, my God, what did I do?
Oh, my mother, what did I do?
Oh, my mother, what did I do?
Oh, my father, what did I do?
Oh, my father, what did I do?

Over and over went this penetrating and colossal hopelessness condensed into a fearless, sobless, heart-rending tune.

"Don't sing like that," we cry. We could not stand listening to what we could not help. And we told him of Christ who made blind lepers our happiest Christians, Christ who could satisfy the soul and give vision of God and forgiveness of all sin. But he couldn't understand and continued now in a lower note the outpouring of despair.

At the door of the Mungeli, India, hospital

The man standing is totally blind. He cannot tell day from night except when the sun's heat touches his skin. He is one of a million and a half in India who are totally blind, nine-tenths of which is preventable. The woman standing has septic eyes. It will take three months' treatment to help her. But she cannot stay at the hospital and there is no one in her village able even to put the medicine drops in her eyes for her. The woman sitting is the wife of an Indian evangelist whose eyes have been saved by two operations on her lids and two on her eyes. The little girl is under treatment for eye trouble in the hospital and her vision, taken in time, will be saved.

Such is our field, oh Church of Christ at home. Your representatives proclaim him as best they can. But if the church "shall hold her peace, the very stones shall cry out."

What a subcontinent is India! From the movable tent villages on the goat tracks of high snow-bounded mountain pastures through villages in extremes of fertile land and villages in unbelievable barrenness to the villages among the salt marshes of the coasts, over 500,000 villages there are, with an illiterate population of over 300,000,000. Yes, some of this num-

ber are in the crowded tenements of the new industrial centers, but even here a kind of village life is continued, for in a way these, too, are but villagers who have gone seeking their fortune and expect to go back to the country again. Real India is a village India, diminutive clusters of mud huts, microscopic in scale when compared with the immensity of plain or mountain in which they are set. Only a small proportion of these villages are touched by railway or metalled roads. The vast majority of them are approached by unmetalled roads or winding paths between the fields, the former usually impassable, or almost impassable by wheeled traffic after rain, while the latter cannot afford passage to a wheeled vehicle at any time.

In these villages in the Central Provinces the Disciples of Christ are at work. Here your hospitals and dispensaries (see page 29) are surrounded by those who live in these villages. There are nine hundred villages within thirty miles of Mungeli which is just one of your stations, and beyond these villages are others, uncounted, depending on you for help. From all directions they come in carts and baskets and beds carried by men and horses and elephants and camels, the crippled, the undernourished, the opium-fed, the blind. We go out to villages at call and when the touring season of dry roads comes, but mostly the sick come or are brought to your hospitals, the Christian hospitals and dispensaries. Space forbids telling of all that is being done in your hospitals in India, of relief being given, of training of qualified nurses and midwives, all with such abominably poor equipment and inadequate budget.

The capable staff of the Jackman Memorial Hospital and Training School for Nurses. In the third row, the missionaries are, left to right, Miss Caroline Pope, Dr. Hope Nichoson and Miss Alice Clark

Nearly half of the infants born in India die before the age of one year. *Superstition Number 1.*—Opium should be given to infants from one month to eighteen months to help them to grow, keep them from crying, prevent disease, etc. "Doesn't the government sell it to us?" they say. (The government is slowly cutting down the consumption of opium by increasing the tax upon it.) *Superstition Number 2.*—(A) No water should be given to an infant before it is six months or nine months old. (B) No water in fever. *Superstition Number 3.*—Slapping, pushing, hot abdominal fomentations are necessary for an infant's digestion. *Superstition Number 4.*—Abdominal pain and flatulence is cured by applications of a red-hot sickle in fifteen to forty places on the abdomen of the infant. Your Mungeli doctor has seen an infant almost unconscious from the shock following such a procedure.

An infant had convulsions repeatedly. The grandmother had been rounding out by force the elongated head normally present in the newborn infant.

Superstitions, uncleanliness, social diseases—your hospitals are bravely attacking them all to give motherhood a new hope and a decent start to infants.

The infant grows—lack of milk for artificial feeding means weaning by giving adult foods. This makes for weakness. Practically all children have typhoid, making those that live immune for later life. Fortunately the digestion holds out, the lad goes to school. Multitudes of hookworm attack the soles of his feet, but only a few stay to cause anemia. Your hospital examines him every year while he is in school. He gets a vermifuge. Are there lice in his head? Treat. Infected tonsils? Remove, if parents permit. Trachoma, or granulated lids? Treat and operate if necessary. Needs glasses? (No budget for these.) Blood disease? Injections (budget allowing). Pyorrhea? Scale and clean, and give a toothbrush. Underfed? Advise milk; know he will not get it. ("How can we buy milk?") Give him a dose of cod liver oil when the teacher sends him to the hospital. (Budget is low, must be careful.) We cannot give to all the children so we make it more difficult to get.

This girl has tuberculosis? We are glad to have picked this up early. This makes three cases. Tuberculosis is very prevalent and presents a problem of great proportions, but you have a sanitarium in Pendra Road. These three cases will probably recover. Chicago, almost the healthiest city, has a sanitarium with nine hundred and fifty beds. India has 318 millions of people, one-fifth of the people of all the earth. Consider the new and old slums, the millions of women

secluded behind the purda, the uncleanliness, the ignorance prevalent. Yet India's total of beds in all its sanitaria about equals Chicago's. And you in Pendra Road have a small sanitarium, without an X-ray. But what would an X-ray do without budget? Buildings without the proper maintenance are a burden at best, breaking spirits and hearts and health. But plucky and capable are your representatives that attack the tuberculosis problem in India. "This is the victory that hath overcome the world, even our belief."

Our Jackman Memorial Hospital at Bilaspur, India

One lad has an enlarged spleen; quinine mixture for him. Of hundreds of pupils in your schools, very few indeed have a palpable spleen left to tell of their former attacks of malaria, that mighty scourge.

Another boy's uncle has leprosy and here's a spot. In three months this spot will be gone. Our treatment cures 97 per cent of early leprosy if treatment is taken persistently. There are over a million to treat in India. The leprous asylums look after some of the most broken, deformed, maimed lepers. Your hospitals and dispensaries are curing and preventing leprosy. What a task! But we are conquering leprosy.

As we examine these children, a hysterical cry is heard. One of our Christian women has been bitten by a mad fox or jackal or wolf, no one knows which. We send her to one of the government dispensaries which gives anti-rabic treatment.

On the way to one of your hospitals, a patient and his servant drink some cholera-infected water. He tells about his elephantiasis, that monstrous disease which causes legs and arms to swell up until they are as big as bolsters. It came upon him insidiously with occasional attacks of low fever, and it left him weakened. The cholera came on at night. The night watchman called us when the man could no longer walk. Why didn't he call us sooner? Some of your hospitals cannot afford night nurses. Early in the morning he had joined the quarter million who every year perish with cholera. On finding that cholera had attacked his master, his servant fled toward the hills. Strong and well, he would outrun the disease. We begged him to stay and take prophylactic treatment, but he would not. The next afternoon incoming villagers reported to us that the young man had died on the side of the road nine miles away. He had gone nine miles, but he couldn't outrun the disease. Scores of the wiser of the people poured into your hospital for anti-cholera injections.

Eighty-six thousand deaths a year from smallpox. In the Hindu quarter of town a great pile of clarified butter and spices valued at $125 are burning before an effigy of the goddess of smallpox. Smallpox has ravaged the villages for months. Rather than offend the goddess, the populace has largely refused the vaccination so efficiently offered to all in every village by the government. Hundreds have died and the epidemic is waning. A fund is collected. Now is the time to sacrifice the sweet-smelling incense before the idol. Prayers are made for the relief of the people from smallpox. A dozen priests chant scriptural lines. There are in the group many half-nourished children who look on with wonder.

Space forbids telling of plague, of relapsing fever, kala-azar, of the influenza which comes occasionally. A low estimate of those killed in 1918 by influenza is 10,000,000. All the diseases of the temperate zone are found, too.

There is one doctor to 22,000 people, but congestion of doctors in cities makes this figure much too small for country areas. "Even excluding villages on the mountains and forest-clad confines of India, there are places from which a visit to a doctor would entail a journey of several days, where there is no road more pretentious than a footpath through the fields and where no educated person has ever lived."

In British India are ten medical colleges, approximating somewhat A grade schools and twenty-four medical schools, approximating our B and C grade schools. In all the native states there is one medical college and one medical school. The United States has eighty-one A grade schools for a population one-third that of India.

Eighty thousand insane clamor for the 9,712 beds in the 22 mental hospitals in India.

Two hundred thousand deaf mutes, practically all without training, make what signs they can to be understood and listen with their eyes, when they have vision.

Yes, such is our field, oh church at home. Is it hard to believe that if we settle back complacently and hold our peace, the very stones will cry out?

Eighteenth Amendment Declared Unconstitutional!

By JAMES A. CRAIN

THE constitutionality of the Eighteenth Amendment is attacked in a decision by Judge William Clark of the United States District Court of New Jersey, handed down on December 16, 1930. The case at bar, the United States versus Straus and Howey, is an ordinary liquor case involving transportation. Counsel made no attempt to erect a defense against the indictment, but moved to quash on the ground that the Eighteenth Amendment is unconstitutional in that it was improperly ratified. The court took the motion under advisement and forty days later in a lengthy opinion sustained the contention of counsel and granted the motion. The government has appealed directly to the Supreme Court and is making an effort to have the case advanced for an early hearing.

Judge Clark's decision was based upon his interpretation of Article V of the Constitution, as modified by the Tenth Amendment. Article V provides that amendments to the Constitution may be "ratified by the legislatures of three-fourths of the States, or by conventions in three-fourths thereof, as the one or the other mode of ratification may be proposed by the Congress," while the Tenth Amendment reserves all powers not expressly delegated to the United States by the Constitution, nor prohibited by it to the States, "to the States respectively, or to the people." Judge Clark holds that there is an intentional parallelism between the alternatives of Article V and the Tenth Amendment, and that the framers of the Constitution intended that amendments not involving the surrender of additional rights should be ratified by the legislatures, but that amendments providing for the grant of additional power to the Federal government, such as, for instance, the right to regulate the liquor traffic, could be ratified only by conventions called for the purpose. Therefore, he argues, the practice of Congress throughout our national history requiring that Constitutional amendments should be ratified by the legislatures of the several States is in error, both from the standpoint of political science and the Constitution.

The validity of that opinion, of course, must be left to the Supreme Court to determine, but to declare that the framers of the Constitution had such a distinction in mind and yet failed to state so important a principle in specific language is to accuse the Constitutional Fathers of inexcusably loose thinking and equally negligent phraseology. To the lay mind it sounds more like legislation by judicial decision. Judge Clark himself evidently has some doubts as to the fate of his decision when it comes before the Supreme Court, for in the opening paragraph of his opinion he prepares himself for reversal in the following words:

"Even if this opinion meets with a cold reception in the appellate courts, we hope that it will have at least the effect of focusing the country's thought upon the neglected method of considering constitutional amendments in conventions."

In fact, throughout the opinion one gathers the impression that he is arguing that Congress ought to interpret the Constitution in the light of political science and that the coincidence of the existence of alternatives in both Article V and the Tenth Amendment somehow or another binds Congress to such a theory, whether it is expressly stated or not.

To avoid the dilemma of having to declare all of the amendments unconstitutional, since they were ratified in the same manner as the Eighteenth Amendment, Judge Clark rules that all save the Thirteenth and the Eighteenth either limit the power of the Federal government or confirm rights to the people. Since slavery no longer exists in this country, the invasion of rights involved in the Thirteenth Amendment is purely academic. This leaves only the Eighteenth to be declared invalid. The question will come before the Supreme Court on appeal.

IN VIEW of the fact that the Supreme Court has already held (a) that prohibition of liquor traffic is within the amending power reserved by the Constitution, and (b) that the amendment "by lawful proposal and ratification, has become part of the Constitution and must be respected and given effect the same as other provisions of that instrument," and (c), that under the article Congress "may in its discretion substitute" State legislatures for conventions as the ratifying agencies, and (d), that the same kind of representative bodies within the States that ratified the Constitution itself have power to ratify amendments to it, it is difficult to see how this decision can escape reversal. Judge Clark is a man of thirty-eight years of age and in his five years on the Federal bench has been reversed three times.

Whether wittingly or not, Judge Clark by this decision has involved his court in the program of the Association Against the Prohibition Amendment to secure the overthrow of the Eighteenth Amendment